

02 EF-103


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))	55	-20* =	35	x \$ 18.00 =	\$ 630.00
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2	-3** =	0	x \$ 84.00 =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+\$ _____ =	
				BASIC FEE (37 CFR 1.16)	740.00
Total of above Calculations =					\$1,370.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL =

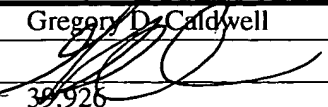
6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____ - 02 2666 :
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 1,370.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) enclosed.
11. ☐ New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number of Bar Code Label	 08791 PATENT TRADEMARK OFFICE (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME (Print/Type)	Gregory D. Caldwell
SIGNATURE	
Registration No. (Attorney/Agent)	39,926
DATE	November 21, 2001